

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS255AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/15/2010
NAME OF PROVIDER OR SUPPLIER LACY LANE RETIREMENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 313 LACY LANE LAS VEGAS, NV 89107		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/15/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of B. The facility is licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. The following deficiencies were identified:	Y 000			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 12/15/10, the facility failed to ensure 2 of 3 employees met background check requirements of NRS 449.176	Y 105			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 to 449.188 (Employee #1 no fingerprints and an undecided FBI check with no evidence of any action taken to resolve, and Employee #2 no criminal history statement, no State or FBI background checks in file). This was a repeat deficiency from the 10/8/09 and 7/28/10 State Licensure surveys. Severity: 2 Scope: 2	Y 105			
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 12/15/10, the facility failed to secure oxygen tanks in a rack or to the wall (three oxygen tanks in Bedroom #4). -	Y 698			
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.	Y 883			

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Y 883	Continued From page 2 This Regulation is not met as evidenced by: Based on interview and record review on 12/15/10, the facility did not ensure physician notification after a resident refused or missed a medication was made within 12 hours for 1 of 6 residents (Employee #1 stated Resident #6 has been refusing Senna S tablets for over a week, physician not notified). Severity: 2 Scope: 1	Y 883			
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 12/15/10 & 12/16/10, the facility failed to ensure 1 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3, admit date 10/20/10 had a one step TB test dated 12/16/10, no second step).	Y 936			

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Y 936	Continued From page 3 This was a repeat deficiency from the 10/8/09 and the 7/28/10 State Licensure surveys. Severity: 2 Scope: 1	Y 936			
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 12/15/10, the facility failed to ensure dangerous items were not accessible to 6 of 6 residents (razors in the drawer in the Bathroom off Bedroom #4, scissors on the nightstand in Bedroom #3). This was a repeat deficiency from the 7/28/10 annual State Licensure survey. Severity: 2 Scope: 3	Y 994			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility-Toxic substances NAC 449.2756 1. The administrator of a residential facility which	Y 999			

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Y 999	<p>Continued From page 4</p> <p>provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 12/15/10, the facility failed to ensure toxic substances were inaccessible to 6 of 6 residents (bleach and other household cleaning agents in a high kitchen cabinet whose lock was not engaged).</p> <p>Severity: 2 Scope: 3</p>	Y 999			

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